

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State and Territories* must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- A. Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- B. Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- C. Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- D. Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: NE
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature: _____
Vivianne M. Chaumont

SCHIP Program Name(s): All, Kid's Connection

SCHIP Program Type:

- ☒ SCHIP Medicaid Expansion Only
☐ Separate Child Health Program Only
☐ Combination of the above

Reporting Period: 2007 *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

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Submission Date: 12/31/2007

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as <u>Up to and Including</u>									
Eligibility						From		% of FPL conception to birth		% of FPL *
	From	150	% of FPL for infants	185	% of FPL *	From		% of FPL for infants		% of FPL *
	From	133	% of FPL for children ages 1 through 5	185	% of FPL *	From		% of FPL for children ages 1 through 5		% of FPL *
	From	100	% of FPL for children ages 6 through 16	185	% of FPL *	From		% of FPL for children ages 6 through 16		% of FPL *
	From	100	% of FPL for children ages 17 and 18	185	% of FPL *	From		% of FPL for children ages 17 and 18		% of FPL *

Is presumptive eligibility provided for children?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input type="checkbox"/>	Yes - Please describe below: For which populations (include the FPL levels) [1000] Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000] Brief description of your presumptive eligibility policies [1000]
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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available?	<input checked="" type="checkbox"/>	Yes, for whom and how long? For each eligible child meeting the eligibility criteria for up to 3 months prior to the date of the original application.	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
	<input type="checkbox"/>		<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a face-to-face interview during initial	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes

application	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
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Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			To which groups (including FPL levels) does the period of uninsurance apply? [1000]	
			List all exemptions to imposing the period of uninsurance [1000]	
<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? [1000]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage <u>regardless of income changes</u> ?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
	6			
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
	Death; Move out of state; Parental request to close the case; Move into an ineligible living arrangement; Turn 19 years old; or Inaccurate information provided at initial application.			
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an enrollment fee?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
Yearly cap		Yearly cap		
If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)		

<input type="checkbox"/>	N/A	<input type="checkbox"/> N/A

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require income disregards?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	
	\$100 per month for each employed adult; Actual day care costs; Health insurance premiums for parent(s).			
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input checked="" type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation	<input type="checkbox"/>	We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/>	We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Enter any Narrative text below. **[7500]**

Continuous eligibility is for initial eligibility period only. After initial 6-month continuous eligibility period, eligibility is month-to-month.

Comments on Responses in Table:

Is there an assets test for children in your Medicaid program?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A
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Is it different from the assets test in your separate child health program?
If yes, please describe in the narrative section below the asset test in your program.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A
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Are there income disregards for your Medicaid program?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A
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Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A
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Is a joint application used for your Medicaid and separate child health program?

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
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7. Indicate what documentation is required at initial application

	<u>Self-Declaration</u>	<u>Documentation Required</u>
<u>Income</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Citizenship</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Insured Status</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application documentation requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefit structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility determination process (including implementing a waiting lists or open enrollment periods)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Eligibility levels / target population

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Assets test in Medicaid and/or SCHIP

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Income disregards in Medicaid and/or SCHIP

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Eligibility redetermination process

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Enrollment process for health plan selection

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Family coverage

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Outreach (e.g., decrease funds, target outreach)

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Premium assistance

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Prenatal Eligibility expansion

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Waiver populations (funded under title XXI)

Parents

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Pregnant women

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Childless adults

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other – please specify

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. For each topic you responded yes to above, please explain the change and why the change was made, below:

Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
Application	
Application documentation requirements	

Benefit structure	
Cost sharing (including amounts, populations, & collection process)	
Crowd out policies	
Delivery system	
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	
Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	
Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	

Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	

Other – please specify	
a.	
b.	
c.	

Enter any Narrative text below. **[7500]**

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

Population not covered: Check this box if your program does not cover the population included in the measure.

Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.

Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.

Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:

Please indicate the status of the data you are reporting, as follows:

Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2004</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Well-child screens expected and recieved by SCHIP children 15 months of age between 10/1/2004 and 9/30/2005</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIP eligible children 15 months of age between 10/1/05 and 9/30/06</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIP eligible children 15 months of age between 10/1/06 and 9/30/07</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> SCHIP children 15 months of age between 10/1/2004 and 9/30/2005</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: # of screens received Denominator = expected # of screens</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: # of screens received</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: # of screens received</p>
Year of Data: 2005	Year of Data: 2006	Year of Data: 2006

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>1 visit</u> <u>5 visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>2 visits</u> <u>6+ visits</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>3 visits</u> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 2894 Denominator: 3727 Rate: 77.6 Additional notes on measure: Measurement more accurate than in 2004. Able to adjust CMS 416 Report format for SCHIP eligible children 15 months of age to collect data.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 5103 Denominator: 7004 Rate: 72.9 Additional notes on measure: Screening rate reported 4.7 less than 2005 rate. 416 Report Format used but method for calculating screening rate and ages adjusted. Question accuracy of reporting of well-child visits by providers on claims data. Will work with EPSDT Program to educate providers and parents about EPSDT benefits and work to increase screening rates.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 5046 Denominator: 7167 Rate: 70.4 Additional notes on measure: 416 Report Format used to determine measure with method for calculating screening rate by adjusting ages. Claims used as source for data. Accuracy of data impacted by reporting of well-child visits on claims submitted by providers.

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Screening rate reported 2.5 less than FY06 rate. EPSDT Program goal to continue to educate providers and parents on EPSDT benefits.

Are there any quality improvement activities that contribute to your progress?

Annual Performance Objective for FFY 2008: Increase screening rate 2 percent over FFY07 rate.

Annual Performance Objective for FFY 2009: Increase screening rate by 1 percent over FFY08 rate.

Annual Performance Objective for FFY 2010: Maintain screening rate same as FFY08.

Explain how these objectives were set: Screening rates for 15 month old children have decreased over the last 2 reporting periods. Objectives are established based on recent screening trends.

Other Comments on Measure: Provider education to assure that EPSDT screenings are being performed and billed correctly will be coordinated with EPSDT program staff. Education of parents about EPSDT benefits and importance of well-child screening will be coordinated and emphasized by PHNs contracted with DHHS.

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2005	FFY 2006	FFY 2007
Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2004</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Well-child screening ratio.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS 416 Report Format	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIP eligible children in 3rd, 4th, 5th, 6th years of life
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator = # of screens received Denominator = expected # of screens	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: # of screens recieved	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: # of screens received.
Year of Data: 2005	Year of Data: 2006	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator:

FFY 2005	FFY 2006	FFY 2007
Denominator: Rate:	Denominator: Rate:	Denominator: Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 2255 Denominator: 4071 Rate: 55.4 Additional notes on measure: Screening Ratio: 3 y/o = 54.1 (568/1050) 4 y/o = 61.91 (564/911) 5 y/o = 85.16 (775/910) 6 y/o = 29.0 (348/1200)	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 3336 Denominator: 4104 Rate: 81.3 Additional notes on measure: 3y/o N=1322 D=1154 Rate=114.6 4y/o N=630 D=1053 Rate=58.9 5y/o N=606 D=998 Rate=60.7 6y/o N=778 D=899 Rate=86.54	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 3509 Denominator: 4274 Rate: 82.1 Additional notes on measure: 3y/o N=1177 D=1400 Rate=118.9 4y/o N=1103 D=646 Rate=58.6 5y/o N=1012 D=581 Rate=57.4 6y/o N=1021 D=882 Rate=86.3
Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Measure stable</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Increase screening rate by 1 percent over FFY07 rate.</p> <p>Annual Performance Objective for FFY 2009: Increase screening rate by 1 percent over FFY08 rate.</p> <p>Annual Performance Objective for FFY 2010: Maintain screening rate equal to FFY09 rate.</p> <p><i>Explain how these objectives were set:</i> Screening rate for 3, 4, 5, 6 year olds stable from FFY06-FFY07. Objectives established based on EPSDT resources for provider and parent education.</p>		
Other Comments on Measure: Provider education to assure that EPSDT screenings are being performed and billed correctly will be coordinated with EPSDT program staff. Education of parents about EPSDT benefits and importance of well-child screening will be coordinated and emphasized by PHNs contracted by DHHS.		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Data not available at time report submitted. Amendment to report will be submitted when data is available.</p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> Data report not run and analyzed due to staff vacancy. Managed care plans report on use of asthma control medications for ages 5-56 years as one rate per HEDIS guidelines.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Medicaid administrative data.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>

FFY 2005	FFY 2006	FFY 2007
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children ages 15-18 yrs who were eligible for 11 of 12 months in 2003 & 2004 Numerator = Children who have received long-term asthma medication (per HEDIS) definition) during the calendar year 2003 or 2004. Denominator = Children diagnosed with persistent asthma (per HEDIS) definition in 2003 & 2004	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2005	Year of Data:	Year of Data:

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate: <u>10-17 years</u> Numerator: Denominator: Rate: <u>Combined rate (5-17 years)</u> Numerator: 232 Denominator: 296 Rate: 78.4 Additional notes on measure: Medicaid rate = 73.9 (1031/1395) National Medicaid rate = 61.3 for 5-9 y/o and 61.4 for 10-17 y/o	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate: <u>10-17 years</u> Numerator: Denominator: Rate: <u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate: <u>10-17 years</u> Numerator: Denominator: Rate: <u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?

Are there any quality improvement activities that contribute to your progress?

Annual Performance Objective for FFY 2008:

Annual Performance Objective for FFY 2009:

Annual Performance Objective for FFY 2010:

Explain how these objectives were set:

Other Comments on Measure: Determine resources available to identify and analyze data for measure for FY08 report.

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal?</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input checked="" type="checkbox"/> Other. <i>Explain:</i> This measure is monitored as part of Nebraska's Quality Assessment and Improvement Plan.</p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal?</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why:</p> <p><input type="checkbox"/> Population not covered.</p> <p><input type="checkbox"/> Data not available. <i>Explain:</i></p> <p><input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported:</p> <p><input type="checkbox"/> Provisional.</p> <p><input checked="" type="checkbox"/> Final.</p> <p><input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p> <p><input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i></p> <p><input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p> <p><input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i></p> <p><input checked="" type="checkbox"/> Other. <i>Explain:</i> Auto-assignment reports reflect most families select a health plan when contacted by Access Medicaid and successfully select a PCP.</p>	<p>Measurement Specification:</p> <p><input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i></p> <p><input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i></p> <p><input checked="" type="checkbox"/> Other. <i>Explain:</i> Enrollment broker auto-assignment reports used to determine if families successfully select a PCP and Health Plan when contacted by Access Medicaid.</p>
<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input checked="" type="checkbox"/> Other. <i>Specify:</i> Access Medicaid, NHC enrollment broker, reports.</p>	<p>Data Source:</p> <p><input type="checkbox"/> Administrative (claims data). <i>Specify:</i></p> <p><input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i></p> <p><input type="checkbox"/> Survey data. <i>Specify:</i></p> <p><input checked="" type="checkbox"/> Other. <i>Specify:</i> Access Medicaid, Nebraska Health Connection enrollment broker, auto-assignment reports</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input type="checkbox"/> Denominator includes SCHIP population only.</p> <p><input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input checked="" type="checkbox"/> Denominator includes SCHIP population only.</p> <p><input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p> <p>Definition of numerator: Ave monthly SCHIP eligible children in 6 month period (Dec - May)= 9550</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p><input checked="" type="checkbox"/> Denominator includes SCHIP population only.</p> <p><input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX).</p> <p>Definition of numerator: Ave monthly CHIP eligible children in NHC in 12 month period (SFY07)</p>

FFY 2005	FFY 2006	FFY 2007
Year of Data:	Year of Data: 2006	Year of Data: 2007

FFY 2005	FFY 2006	FFY 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>25 months-6 years</u> <u>12-19 years</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>25 months-6 years</u> <u>12-19 years</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: Additional notes on measure: Numerator = ave monthly SCHIP eligibles auto-assigned in 6 month period (Dec - May) = 48	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: <u>25 months-6 years</u> <u>12-19 years</u> Numerator: Numerator: Denominator: Denominator: Rate: Rate: Additional notes on measure: Numerator = Average monthly CHIP eligible children in NHC auto-assigned in a 12 month period (SFY07)
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 48 Denominator: 9550 Rate: 0.5 Additional notes on measure: Data indicates most families successfully select health plan and PCP and are not auto-assigned by Access Medicaid.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 52 Denominator: 9352 Rate: 0.6 Additional notes on measure: Data indicates majority of CHIP families successfully select a PCP and Health Plan and are not auto-assigned by NHC enrollment broker.
Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? No change. Majority of CHIP families successfully select a PCP and Health Plan and are not auto-assigned by NHC enrollment broker.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Maintain stable rate.</p> <p>Annual Performance Objective for FFY 2009: Maintain stable rate.</p> <p>Annual Performance Objective for FFY 2010: Maintain stable rate.</p> <p><i>Explain how these objectives were set:</i> Most families successfully select PCP and Health Plan and are not auto-assigned. Continue to maintain rate less than 1 percent of auto-assignment for CHIP children in NHC.</p>		

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure: Nebraska would like technical assistance from CMS on how to obtain this measure for the fee-for-service population in the rural non-managed care counties of the state.		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	44981	46199	2.71
Separate Child Health Program	0	0	

Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	19	5.8	3.8	1.2
1998 - 2000	22	6.4	4.6	1.3
2000 - 2002	17	4.1	3.7	.9
2002 - 2004	18	4.2	3.9	.9
2003 - 2005	19	4.7	4.0	1.0
2004 - 2006	22	5.0	4.8	1.1
Percent change	15.8%	NA	26.3%	NA

1996-1998 vs. 2004-2006				
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Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

What are the limitations of the data or estimation methodology?

How does your State use this alternate data source in SCHIP program planning?

How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

Reducing the number of uninsured children

SCHIP enrollment

Medicaid enrollment

Increasing access to care

Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not_report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

Please indicate the status of the data you are reporting for each goal, as follows:

Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) By December 31st of each calendar year, Kids Connection information will be distributed to each public school district for each enrolled student.	Goal #1 (Describe) By December 31st of each calendar year, Kids Connection information will be distributed to each public school district for each enrolled student.	Goal #1 (Describe) By December 31st of each calendar year, Kids Connection information will be distributed to each public school district for each enrolled student.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going. Nebraska Medicaid provides information to each student enrolled in the public schools via mailing to the public school districts and other methods including school nurses, a network of contracted public health nurses and an administrative contract with public schools.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2004</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Agency records. Review agency print and mailing order forms to determine mailing was completed prior to December 31st.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Review of agency print and mailing order forms to determine mailing was completed to public school districts prior to December 31st. Coordinate distribution of information with school nurses, public health nurses, and administrative contracts with schools.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Agency records. Review agency print and mailing order forms to determine mailing was completed prior to December 31st.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Students enrolled in public school districts in 2006-2007 school year = 326,827 Definition of numerator: # of pieces of information mailed to public school districts for distribution to public school students.	Definition of Population Included in the Measure: Definition of denominator: 290,550 students enrolled in 254 public school districts Definition of numerator: # pieces of information about Kids Connection sent to public school districts by December 31st for distribution to public school students
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007
Performance Measurement Data: Described what is being measured: Measure Met for 2005 Reporting Period. 2005-2006 School year: 326,083 students enrolled in 710 public school districts	Performance Measurement Data: Described what is being measured: Information about Kids Connection provided to public school students. Numerator:	Performance Measurement Data: Described what is being measured: Information about Kids Connection provided to public school districts for distribution to students by December 31st Numerator:

FFY 2005	FFY 2006	FFY 2007
<p>Mailing completed in October 2005 Measure Met Reporting Period.</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Denominator: Rate:</p> <p>Additional notes on measure: Direct mailing to public schools was not conducted due to changes being made on the application related to the Deficit Reduction Act citizen verification requirement. Public Health Nurses, school staff & school nurses increased outreach and information regarding Kids Connection and provided applications and information at Back to School and Kindergarten Round-up activities which provided an opportunity for staff to assist families with questions and complete applications.</p>	<p>Denominator: Rate:</p> <p>Additional notes on measure: Not mailed prior to December 31, 2007. Information being revised/printed. Contracted public health nurses, school nurses and school staff attended Kindergarten round-up and Back-to-school events and performed outreach activities including distribution of applications, answering income guideline questions, and assisting families to complete applications.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Unchanged</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: Mailing not completed for school year 2006-2007 due to changes in process to application related to DRA. Public Health Nurses, school staff & school nurses increased outreach and information regarding Kids Connection and provided applications and information at Back to School and Kindergarten Round-up activities which provided an opportunity for staff to assist families with questions and complete applications.</p> <p>Complete direct mailing to public school districts for each enrolled student by December 31st.</p> <p>Annual Performance Objective for FFY 2008: Complete direct mailing to public school districts for each enrolled student by December 31st.</p> <p>Annual Performance Objective for FFY 2009: Complete direct mailing to public school districts for each enrolled student by December 31st.</p> <p><i>Explain how these objectives were set:</i> Outreach strategy to reach school age children in Nebraska. State statute.</p>	<p>Annual Performance Objective for FFY 2008: Distribute Kids Connection information to public school districts by September 1st, 2008</p> <p>Annual Performance Objective for FFY 2009: Distribute Kids Connection information to public school districts by September 1st, 2009</p> <p>Annual Performance Objective for FFY 2010: Distribute Kids Connection information to public school districts by September 1st, 2010</p> <p><i>Explain how these objectives were set:</i> Outreach strategy to reach school age children. State statute.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) Public Health Nurses (PHNs) in 88 counties will distribute Kids Connection applications and assist potentially eligible families in the application process.	Goal #2 (Describe) Public Health Nurses will distribute Kids Connection applications and assist potentially eligible families in the application process	Goal #2 (Describe) Public Health Nurses will distribute Kids Connection applications and assist potentially eligible families in the application process.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going. Medicaid contracts with a network of Public Health Nurses (PHNs) employed by Health Districts throughout the state to assist SCHIP & Medicaid and potentially SCHIP & Medicaid eligible children to secure eligibility and medical homes. Upon initial contact, a health risk assessment is conducted by the PHN.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2004	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Agency records. Track # of applications distributed by PHNs	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Reports from contracted PHNs.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Reports from contracted Public Health Nurses (PHNs)
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Potentially eligible SCHIP children. Definition of numerator: # of applications distributed by PHNs	Definition of Population Included in the Measure: Definition of denominator: Potentially eligible CHIP children Definition of numerator: # of applications distributed by PHNs. (SFY07)
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007
Performance Measurement Data: Described what is being measured: 2005: 4,812 applications distributed by PHNs Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Applications distributed by PHNs. Numerator: Denominator: Rate: Additional notes on measure: PHNs distributed 2,550 applications to potentially SCHIP and Medicaid eligible	Performance Measurement Data: Described what is being measured: Applications distributed by PHNs to reduce the number of uninsured children. Numerator: Denominator: Rate: Additional notes on measure: PHNs distributed 1,421

FFY 2005	FFY 2006	FFY 2007
	children.	applications to families of potentially CHIP and Medicaid eligible children.
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? PHNs distributed less applications. Unduplicated count of CHIP eligibles increased 2.7 percent between FFY06 and FFY07.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.</p> <p>Inform families about Kids Connection and assist them to complete the application and secure a medical home.</p> <p>Annual Performance Objective for FFY 2008: Inform families about Kids Connection and assist them to complete the application and secure a medical home.</p> <p>Annual Performance Objective for FFY 2009: Inform families about Kids Connection and assist them to complete the application and secure a medical home.</p> <p><i>Explain how these objectives were set:</i> Statewide strategy to identify uninsured targeted low-income children and utilize local resources to provide information about the program and assist families to secure a medical home for the child.</p>	<p>Annual Performance Objective for FFY 2008: Maintain application distribution and assistance to families to complete applications at community level. Convert on-line application from printable form on-line to PDF fillable/printable form on DHHS web site.</p> <p>Annual Performance Objective for FFY 2009: Same as FFY2008.</p> <p>Annual Performance Objective for FFY 2010: Same as FFY2009.</p> <p><i>Explain how these objectives were set:</i> Contracted PHNs distribute applications based on referrals from providers, community agencies and others. Applications are sent when PHN identifies child/children in family is/are uninsured, targeted low-income.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe) Coordinate outreach to families of targeted low-income uninsured children with Medicaid's network of contracted PHNs through quarterly meetings & training sessions. Coordinate through Covering Kids & Families Grantee -- Voices for Children meetings.	Goal #3 (Describe) Maintain toll-free Kids Connection help line for families.	Goal #3 (Describe) Maintain toll-free Kids Connection help line for families.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Kids Connection has had a toll-free help line for families to call for questions about the program since implementation of the program. Two staff working the help line are bilingual (Spanish). The help line is available Monday-Friday 8:00 am 5:00 pm Information about eligibility requirements, income guidelines and assistance to complete an application may be provided. Families may also access the Kids Connection web page on the HHSS Web Site.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> DHHS has a toll-free help-line to assist families with questions about the program. Two full-time help-line staff are bilingual (Spanish). Help-line hours are Monday-Friday 8:00 am - 5:00 pm. Information about eligibility requirements, income guidelines, application completion assistance, status of pending applications, & other guidance about CHIP may be provided. Families may also access the Kids Connection web page on the DHHS web site for information and/or a printable application.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2004</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Agency records. Review agency meeting records for staff attendance at PHN meetings and CK&F meetings to coordinate outreach.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> No data is collected as to the # of calls received by the Kids Connection toll-free line. The data on the # of "hits" on the Kids Connection web page is not available at the time of this report.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> No data is collected on the # of calls received by the Kids Connection toll-free line.
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data: 2005	Year of Data: 2006	Year of Data:
Performance Measurement Data: Described what is being measured: Measure Met for Reporting Period PHN meetings & trainings: 10/12/2004 - Grand Island	Performance Measurement Data: Described what is being measured: Review agency records to determine access for clients to toll-free help-line and Kids Connection information on internet.	Performance Measurement Data: Described what is being measured:

FFY 2005	FFY 2006	FFY 2007
<p>10/15/2004 - Norfolk 4/7/2005 - North Platte 7/13/2005 - Kearney Additional individual & small group training sessions were held as needed CK&F: Coalition & Board meetings - 1/18/2005; 3/14/2005; 9/14-16/2005 (Regional mtng); Process Improvement Collaborative - 4/20/2005; 6/10/2005; 7/8/2005; 5/12-14/2005 (PIC Ntnl Conf)</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Agency staff are in the process of rewriting web information and format for Medicaid and SCHIP information to improve access to and content of information. SCHIP and Children's Medical Assistance Application will be "fillable" on Kids Connection web site.</p>	<p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Measure Met for Reporting Period Kids Connection toll-free help-line accessible 8:00 a.m. - 5:00 p.m. Monday - Friday #1-877-632-5437 or through Insure Kids Now # Kids Connection URL http://www.hhss.ne.gov/med/kidsconx.htm Annual Performance Objective for FFY 2008: Maintain toll-free help-line and improve web information. Develop "fillable" web-based Kids Connection application. Annual Performance Objective for FFY 2009: Maintain toll-free help-line and web-based information</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Toll-free Kids Connection line maintained with current staffing levels. Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Continue toll-free help line with current staffing level. Annual Performance Objective for FFY 2009: Continue toll-free help line with current staffing level.</p> <p>Annual Performance Objective for FFY 2010: Continue toll-free help line with current staffing level.</p> <p><i>Explain how these objectives were set:</i> All calls are routed to staff as they are received. Current staffing level is sufficient to handle level of incoming calls. Voicemail calls received between 5:00 pm and 8:00 am are returned in 1 business day.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Increase the # of children enrolled in the Title XXI Program.	Goal #1 (Describe) Increase the # of children enrolled in the Title XXI Program.	Goal #1 (Describe) Increase the number of children enrolled in the Title XXI program.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going Review monthly eligibility reports. Review annual eligible reports for unduplicated count of SCHIP eligibles.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2004</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Monthly eligibility reports - point in time reports. Annual eligibility reports for unduplicated count of SCHIP eligibles.	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Monthly eligibility - point in time reports Annual SEDS data	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Annual SEDS data - unduplicated count of CHIP eligible children in FFY
Definition of Population Included in the Measure: Definition of denominator: SCHIP eligibles in Sept 2004 Definition of numerator: SCHIP eligibles in Oct 2005	Definition of Population Included in the Measure: Definition of denominator: SCHIP eligible children in each month in FFY 2006 SCHIP eligible children in 2005 Definition of numerator: SCHIP eligible children in each previous month in FFY 2006 SCHIP eligible children in 2006	Definition of Population Included in the Measure: Definition of denominator: Unduplicated count of CHIP eligible children in FFY2006 Definition of numerator: Unduplicated count of CHIP eligible children in FFY2007
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007

FFY 2005	FFY 2006	FFY 2007
<p>Performance Measurement Data: Described what is being measured: Measure met for Reporting Period</p> <p>1.9 percent increase eligibles per monthly reports. Increase in SCHIP eligibles Monthly and annual elibility reports</p> <p>Numerator: 23473 Denominator: 23035 Rate: 101.9</p> <p>Additional notes on measure: Oct 2004 = 23035 Sept 2005 = 23473 Increase = 435 Unduplicated Count SCHIP: FFY 2003 = 45490 FFY 2004 = 44646 FFY 2005 = 44706</p>	<p>Performance Measurement Data: Described what is being measured: Increase in # of children enrolled in SCHIP (Title XXI).</p> <p>Numerator: 44981 Denominator: 44706 Rate: 100.6</p> <p>Additional notes on measure: Monthly eligibility counts (point in time) Oct 05 = 23740 Nov 05 = 23936 Dec 05 = 24097 Jan 06 = 24155 Feb 06 = 24106 Mar 06 = 23922 Apr 06 = 23527 May 06 = 23411 June 06 = 23194 July 06 = 23099 Aug 06 = 23145 Sept 06 = 23499</p> <p>Unduplicated count FFY 2005 = 44706 FFY 2006 = 44981</p>	<p>Performance Measurement Data: Described what is being measured: Increase in # of children enrolled in CHIP (Title XXI)</p> <p>Numerator: 46199 Denominator: 44981 Rate: 102.7</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Increase 2.7 percent FFY06-FFY07. Increase 0.6 percent FFY05-FFY06.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	<p>Annual Performance Objective for FFY 2007: Performance Measure Met. Unduplicated count of children enrolled in SCHIP (Title XXI) increased by .62%.</p> <p>Increase unduplicated count of children enrolled in SCHIP (Title XXI).</p> <p>Annual Performance Objective for FFY 2008: Increase unduplicated count of children enrolled in SCHIP (Title XXI).</p>	<p>Annual Performance Objective for FFY 2008: Increase unduplicated count of CHIP eligible children in FFY08 by 1 percent.</p> <p>Annual Performance Objective for FFY 2009: Increase unduplicated count of CHIP eligible children in FFY09 by 1 percent.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2009: Increase unduplicated count of children enrolled in SCHIP (Title XXI).</p> <p><i>Explain how these objectives were set:</i> Estimate of the # of targeted low-income uninsured children in Nebraska were determined and objective established based on estimate.</p>	<p>Annual Performance Objective for FFY 2010: Increase unduplicated count of CHIP eligible children in FFY10 by 1 percent.</p> <p><i>Explain how these objectives were set:</i> Continue outreach to families of uninsured, targeted low-income children.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) Public Health Nurses (PHNs) will continue outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.	Goal #2 (Describe) Public Health Nurses (PHNs) will conduct outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.	Goal #2 (Describe) Public Health Nurses (PHNs) will conduct outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going Quarterly reports from contracted PHNs track outreach presentations and contacts with providers, clients and others.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2004	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Quarterly reports from PHNs. Track PHN outreach presentations and potentially eligible contacts through quarterly reports.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Quarterly reports from contracts with PHNs.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Quarterly reports from contracts with PHNs. (SFY07)
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007

FFY 2005	FFY 2006	FFY 2007
Performance Measurement Data: Described what is being measured: Measure Met for Reporting Period. 2005: 3909 information presentations; 1547 contacts with potentially eligible clients Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Contacts by PHNs with providers, clients and others. Contacts by PHNs with providers and community agencies = 769 Contacts by PHNs with clients = 16,701 Numerator: Denominator: Rate: Additional notes on measure: Tracking by PHNs is not consistent between contractors. Medicaid staff are working with PHNs to define "contact" and reporting requirements.	Performance Measurement Data: Described what is being measured: Contacts by PHNs with providers, clients and others. Presentations and provider visits = 1,671 Clients served by PHNs = 16,571 Numerator: Denominator: Rate: Additional notes on measure: DHHS staff continue to work with PHNs to assure that data is consistent for quarterly reporting.
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Stable. Unduplicated count of CHIP eligible children increased 2.7 percent FFY06 - FFY07.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>
	Annual Performance Objective for FFY 2007: Measure Met for Reporting Period. Public Health Nurses (PHNs) will conduct outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection. Annual Performance Objective for FFY 2008: Public Health Nurses (PHNs) will conduct outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.	Annual Performance Objective for FFY 2008: Maintain outreach through PHN contracts to families, provider offices and community entities. Annual Performance Objective for FFY 2009: Maintain outreach through PHN contracts to families, provider offices and community entities.

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2009: Public Health Nurses (PHNs) will conduct outreach and education to local agencies, medical, dental and vision providers, child care facilities and other community resources within their service areas to enroll children in Kids Connection.</p> <p><i>Explain how these objectives were set:</i> Strategic planning meetings held during implementation of Kids Connection in 1998 identified strategies to outreach and enroll children in SCHIP (Title XXI).</p>	<p>Annual Performance Objective for FFY 2010: Maintain outreach through PHN contracts to families, provider offices and community entities.</p> <p><i>Explain how these objectives were set:</i> PHNs at community level provide resource for outreach, enrollment & provider relations for Kids Connection.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: Reporting inconsistent by PHNs. Contract manager working with PHNs to improve reporting for outreach and education with providers, other agencies, clients and others. Consistency in use of materials being developed.</p>	<p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe)	Goal #1 (Describe)	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe)	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data: 2006	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) Contracted Public Health Nurses (PHNs) will assist Kids Connection eligible children to secure medical, dental and visual care homes. SCHIP eligible children enrolled in Nebraska Health Connection (NHC), Medicaid's managed care plan will be assigned a Primary Care Physician (PCP).	Goal #1 (Describe) Contracted PHNs will assist Kids Connection eligible children to secure medical, dental and visual care homes. For children enrolled in Nebraska Health Connection (NHC), Medicaid's managed care plan, Access Medicaid, Medicaid's enrollment broker, assists the family to select a health plan and Primary Care Physician (PCP).	Goal #1 (Describe) Contracted PHNs will assist Kids Connection eligible children to secure medical, dental and visual care homes. For children enrolled in Nebraska Health Connection (NHC), Medicaid's managed care plan, Access Medicaid, Medicaid's contracted enrollment broker, assists the family to select a health plan and Primary Care Physician (PCP).
Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going	Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going. For goal related to PHNs, statistics include adults and children, Medicaid and SCHIP eligible, Title XIX and Title XXI living in counties with contracts for PHN administrative services. For goal related to NHC, includes Title XXI eligible children only.	Type of Goal: <input type="checkbox"/> New/revise. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: 2004	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported: 2005	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. Specify year of annual report in which data previously reported:
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> Explain how HEDIS was modified: <input checked="" type="checkbox"/> Other. <i>Explain:</i> Agency records and Quarterly reports. NOTES" for Goal related to PHN finding medical homes, statistics include adults and children, Medicaid and CHIP eligible in 88 counties contracted by PHNs. Does not include clients enrolled in NHC. Managed care data includes only CHIP eligible children.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> Explain how HEDIS was modified: <input checked="" type="checkbox"/> Other. <i>Explain:</i> Quarterly reports from PHNs, population includes adults and children, Medicaid and SCHIP eligible, (Title XIX and Title XXI) not participating in NHC. For goal related to NHC, population is SCHIP (Title XXI) eligible children.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> Explain how HEDIS was modified: <input checked="" type="checkbox"/> Other. <i>Explain:</i> For goal related to PHNs, data includes adults and children, Medicaid and CHIP eligible, living in counties with contracts for PHN administrative services. For goal related to NHC, data includes CHIP eligible children.
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Review quarterly reports submitted by PHNs for # of medical, dental, & visual care homes secured for Medicaid and CHIP eligible clients. Review Access Medicaid - NHC enrollment broker - auto-enroll reports for CHIP eligible children to determine # selecting PCP and # auto-assigned.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> PHN quarterly reports. Access Medicaid auto-enrollment reports.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Quarterly reports from PHNs in SFY07. Access Medicaid auto-enrollment report SFY07.

FFY 2005	FFY 2006	FFY 2007
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For PHNs = # of Medical, Dental, & Visual Care Homes secured for CHIP/Medicaid eligible clients. For NHC = Numerator = monthly ave # CHIP eligible children auto-assigned to PCP Denominator = # of CHIP eligible children enrolled in NHC	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: For PHN includes adults and children, Medicaid and SCHIP. For NHC includes average monthly SCHIP children enrolled in NHC.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: PHN quarterly reports include adults and children, Medicaid and CHIP. Access Medicaid auto-enrollment report includes managed care CHIP children.
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: For NHC: Numerator = monthly ave for 6 months (Dec - May) # of SCHIP eligible children auto-assigned to PCP. Demoninator = Title XXI children enrolled in NHC.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: PHN quarterly reports include adults and children, Medicaid and CHIP. Access Medicaid auto-enrollment report includes managed care CHIP children.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: Measure Met for Reporting Period For PHNs: 2005: Medical Homes - 233; Dental Homes - 811; Visual care homes - 291 NHC: 2004: 22% (151/68076); 2005: 20% (137/68404)	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: Measure Met for Reporting Period. For PHN contracts: # of medical, dental and visual care homes secured Medical homes = 356 Dental homes = 944 Visual care homes = 240 NHC = 0.005% (48/9550)	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: PHN data: # of medical, dental, visual care homes secured. Medical homes = 335 Dental care homes = 827 Visual care homes = 264 Access Medicaid = auto-assignment SFY07 ave monthly NHC CHIP eligibles = 9,352 Average monthly NHC CHIP children auto-assignment = 52
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Data stable from FFY06 to FFY07.

FFY 2005	FFY 2006	FFY 2007
	<p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Contracted PHNs will assist Kids Connection eligible children to secure medical, dental and visual care homes. For children enrolled in NHC, Access Medicaid will assist the family to select a health plan and PCP. Goal is to reduce auto-enrollment of SCHIP eligible children.</p> <p>Annual Performance Objective for FFY 2008: Contracted PHNs will assist Kids Connection eligible children to secure medical, dental and visual care homes. For children enrolled in NHC, Access Medicaid will assist the family to select a health plan and PCP. Goal is to reduce auto-enrollment of SCHIP eligible children.</p> <p>Annual Performance Objective for FFY 2009: Contracted PHNs will assist Kids Connection eligible children to secure medical, dental and visual care homes. For children enrolled in NHC, Access Medicaid will assist the family to select a health plan and PCP. Goal is to reduce auto-enrollment of SCHIP eligible children.</p> <p><i>Explain how these objectives were set:</i> Strategic planning sessions during the implementation of Kids Connection identified the network of PHNs available to secure administrative contracts with Medicaid as a resource to secure medical, dental and visual care homes for SCHIP eligible children. PHNs are familiar with community providers.</p> <p>Access Medicaid is the enrollment broker for NHC.</p>	<p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Continue PHN contracts to assist clients to secure medical, dental and visual care homes. Enrollment broker will continue to assist NHC clients to select health plan and PCP.</p> <p>Annual Performance Objective for FFY 2009: Continue PHN contracts to assist clients to secure medical, dental and visual care homes. Enrollment broker will continue to assist NHC clients to select health plan and PCP</p> <p>Annual Performance Objective for FFY 2010: Continue PHN contracts to assist clients to secure medical, dental and visual care homes. Enrollment broker will continue to assist NHC clients to select health plan and PCP</p> <p><i>Explain how these objectives were set:</i> Medical, dental, visual care homes secured for CHIP and Medicaid eligible clients.</p> <p>Data shows most NHC families successfully select PCP and health plan.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) Contracted Public Health Nurses will work with Medicaid providers to assure access to care by providing no-show follow-up with Kids Connection.	Goal #2 (Describe) Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up for Kids Connection eligible children.	Goal #2 (Describe) Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up contacts with families for Kids Connection eligible children.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going. Population includes children and adults, SCHIP and Medicaid (Title XXI and Title XIX) eligible not enrolled in NHC, Medicaid managed care.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2004	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Quarterly reports. NOTE: Statistics include adults and children, Medicaid and CHIP eligible, 88 counties contracted by PHNs. Does not include clients enrolled in Nebraska Health Connection, Nebraska Medicaid's managed care program.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Quarterly reports from PHN contracts. PHNs report # of no-show follow-up activities for no-show follow-up for medical, dental and visual care visits.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Quarterly activity reports from contracted PHNs for no-show follow-up contacts for medical, dental and visual care visits. (SFY07)
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Review quarterly reports for # of no-show follow-ups conducted by PHNs for medical, dental and visual care providers.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> PHN contract quarterly reports	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Quarterly reports from contracted PHNs. (SFY07)
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Adults and children, Medicaid and CHIP eligible in 88 counties not enrolled in NHC.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children and adults, SCHIP and Medicaid (Title XXI and Title XIX) eligible not enrolled in NHC, Medicaid managed care.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Children and adults, Medicaid and CHIP eligible in counties with contracted PHNs.

FFY 2005	FFY 2006	FFY 2007
Year of Data: 2005 HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Year of Data: 2006 HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: Medical no-show follow-ups = 6803 Dental no-show follow-ups = 2146 Visual care no-show follow-ups = 184	Year of Data: 2007 HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: Includes children and adults, Medicaid and CHIP eligible, in counties with PHN contracts, does not include managed care clients. No-show follow-up contacts are referred to PHNs by providers. Not all providers choose to participate and have no-show appointment follow-up contacts performed by contracted PHNs.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: Measure Met for Reporting Period. 2005: Medical no-show follow-ups = 5921 Dental no-show follow-ups = 1918 Visual Care no-show follow-ups = 259	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: Medical no-show follow-ups = 6803 Dental no-show follow-ups = 2146 Visual care no-show follow-ups = 184 PHNs also report no-show follow-ups for non-emergency visits to emergency room and "Misc ER follow-up" Non-emergency follow-up = 1141 Misc ER follow-up = 990	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure: Medical no-show follow-up contacts = 8,524 Dental no-show follow-up contacts = 2,153 Visual care follow-up contacts = 244 Non-emergency room follow-up contacts = 1,026 Misc emergency room follow-up contacts = 349
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? PHNs continue to follow-up by contacting clients who do not show-up for appointments. Referrals are from participating providers to PHNs. Increase in follow-up contacts does not necessarily indicate an increase in clients not showing up for appointments but may be indicate additional providers participating in referring clients to PHNs for no-show follow-up contact.</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.</p> <p>Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up for Kids Connection eligible children.</p> <p>Annual Performance Objective for FFY 2008: Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up for Kids Connection eligible children.</p> <p>Annual Performance Objective for FFY 2009: Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up for Kids Connection eligible children.</p> <p><i>Explain how these objectives were set:</i> Strategic planning during implementation of Kids Connection identified the network of PHNs as a resource for administrative contracts to assist with access to care for SCHIP and Medicaid eligible children.</p>	<p>Annual Performance Objective for FFY 2008: Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up contacts for Kids Connection eligible children.</p> <p>Annual Performance Objective for FFY 2009: Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up contacts for Kids Connection eligible children.</p> <p>Annual Performance Objective for FFY 2010: Contracted PHNs will work with health care providers to assure access to care by providing no-show follow-up contacts for Kids Connection eligible children.</p> <p><i>Explain how these objectives were set:</i> Individual contact with families regarding impact of not showing up for appointments provides opportunities for education to family on all aspects of being a responsible health care consumer.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe) Contracted Public Health Nurses will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going. Kids Connection eligible children: includes Medicaid and CHIP eligible children age 20 and under, excludes clients in Nebraska Health Connection.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2004</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Includes all Title XXI and XIX eligible children age 20 and under.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Review quarterly reports submitted by PHNs.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Title XXI children age 18 and under and Title XIX eligible children age 20 and under.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2005	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate:

FFY 2005	FFY 2006	FFY 2007
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure: Measure Met for Reporting Period. 2005: 21092 newly eligible contacts made by PHNs.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2005	FFY 2006	FFY 2007
Goal #1 (Describe) EPSDT Participation - Wellness Screening Ratio for CHIP and Medicaid Children	Goal #1 (Describe) Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.	Goal #1 (Describe) Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> CME 416 Report Nebraska FY2004	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> PHNs are available in the community for clients and know local providers and resources.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS 416 Report	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> # of newly eligible clients contacted by PHNs.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> # of newly eligible clients contacted by PHNs
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CHIP and Medicaid eligible children	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Quarterly reports from contracted PHNs.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Quarterly activity reports from contracted PHNs. (SFY07)
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator = # of total screens received for each age group. Denominator = expected # of screens for each age group.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Population includes SCHIP and Medicaid (Title XXI and Title XIX) eligible children.	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Includes Medicaid and CHIP eligible children.
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 120532 Denominator: 164680 Rate: 73.2</p> <p>Additional notes on measure: Measure met for reporting period <1 yr = 94.3% (41555/44069) 1-2 yr = 102.54% (38383/37390) 3-5 yr = 66.72% (14954/22380) 6-9 yr = 41.35% (5012/12105) 10-14 yr = 40.84% (11026/26957) 15-18 yr = 41.83% (7575/18110) 19-20 yr = 55.25% (2027/3669)</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Newly eligible contacts = 23081</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Newly eligible contacts by PHNs = 18,946</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.</p> <p>Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.</p> <p>Annual Performance Objective for FFY 2008: Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.</p> <p>Annual Performance Objective for FFY 2009: Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.</p> <p><i>Explain how these objectives were set:</i> Inconsistent reporting from PHNs on quarterly reports. Contract manager is working with PHNs to define reporting criteria and provide more consistency in quarterly reports.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Less contacts in FFY07 than in FFY06. DHHS does not have PHN contracts in two geographic areas included in previous reporting period. DHHS staff continue to work with contracted PHNs on standardizing reporting requirements.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.</p> <p>Annual Performance Objective for FFY 2009: Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.</p> <p>Annual Performance Objective for FFY 2010: Contracted PHNs will distribute information about the benefits of EPSDT to each family for every newly eligible Kids Connection child.</p> <p><i>Explain how these objectives were set:</i> Federal requirement to inform clients about EPSDT benefits.</p>

FFY 2005	FFY 2006	FFY 2007
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #2 (Describe) Annual EPSDT Participation Report: Preventive Dental Services	Goal #2 (Describe) EPSDT Participation - Wellness Screening Ratio for SCHIP and Medicaid eligible Children.	Goal #2 (Describe) EPSDT Participation - Wellness Screening Ratio for CHIP and Medicaid eligible children
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Form CMS 416 Annual EPSDT Participation Report	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2005</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS 416 Report: Preventive Dental	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS 416 Report 2005	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS 416 Report 2006
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CHIP and Medicaid eligible children under age 20 years	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Numerator = # of eligibles receiving preventive dental services in each age group Denominator = total E of individuals eligible for EPSDT in each age group	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Total # of Screens Received	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Total # of screens received
Year of Data: 2005	Year of Data: 2005	Year of Data: 2006
HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Numerator: Denominator: Rate: Additional notes on measure: Data is claim submission from providers reporting preventative screens during client period

FFY 2005	FFY 2006	FFY 2007
		of eligibility.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 60549 Denominator: 156998 Rate: 38.6 Additional notes on measure: Measure Met <1 = 94.16 (468/12591) 1-2 = 6.03 (1411/23395) 3-5 = 42.25 (11835/28015) 6-9 = 55.78 (16903/30301) 10-14 = 52.52 (17508/33335) 15-18 = 40.97 (9391/22924) 19-20 = 47.12 (3033/6437)	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 130332 Denominator: 160865 Rate: 81 Additional notes on measure: Less than age 1 = 1.17 (44727/38229) 1-2 yr = 1.0859 (41652/38358) 3-5 yr = 0.7181 (16626/23153) 6-9 yr = 0.4657 (5731/12305) 10-14 yr = 0.4464 (11889/26636) 15-18 yr = 0.4665 (8681/18610) 19-20 yr = 0.2871 (1026/3574)	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 133109 Denominator: 164695 Rate: 80.8 Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? Annual Performance Objective for FFY 2007: Measure Met for Reporting Period. EPSDT Participation - Wellness Screening Ratio for SCHIP and Medicaid eligible Children. Annual Performance Objective for FFY 2008: EPSDT Participation - Wellness Screening Ratio for SCHIP and Medicaid eligible Children. Annual Performance Objective for FFY 2009: EPSDT Participation - Wellness Screening Ratio for SCHIP and Medicaid eligible Children. <i>Explain how these objectives were set:</i> American Academy of Pediatrics (AAP) screening guidelines used for EPSDT screening measures.	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? No change from FFY06 to FFY07. Are there any quality improvement activities that contribute to your progress? Annual Performance Objective for FFY 2008: Increase wellness screening ratio by 1 percent over FFY2007 ratio Annual Performance Objective for FFY 2009: Increase wellness screening ratio by 1 percent over FFY2008 ratio Annual Performance Objective for FFY 2010: Maintain wellness screening ratio at FFY2009 ratio <i>Explain how these objectives were set:</i> CMS reporting requirement.
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2005	FFY 2006	FFY 2007
Goal #3 (Describe)	Goal #3 (Describe) Annual EPSDT Participation Report: Preventative Screening	Goal #3 (Describe) Annual EPSDT participation report: Preventive dental screening
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> 1998 & on-going
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS 416 Report	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CMS 416 Report 2006
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: # of Children Receiving Preventive Dental Services	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: # of children receiving preventive dental services
Year of Data:	Year of Data: 2005	Year of Data: 2006
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2005	FFY 2006	FFY 2007
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 62074 Denominator: 120917 Rate: 51.3 Additional notes on measure: Includes Birth through age 20, SCHIP and Medicaid (Title XXI and Title XIX) eligible children.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 63547 Denominator: 123670 Rate: 51.4 Additional notes on measure: Data is limited by providers submitting claims for clients during period of eligibility.
	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Measure Met for Reporting Period.</p> <p>Annual EPSDT Participation Report: Preventive Dental Services increase rate from 2006 by 1 percent.</p> <p>Annual Performance Objective for FFY 2008: Annual EPSDT Participation Report: Preventive Dental Services increase rate from 2007 by 1 percent.</p> <p>Annual Performance Objective for FFY 2009: Annual EPSDT Participation Report: Preventive Dental Services increase rate from 2008 by 1 percent.</p> <p><i>Explain how these objectives were set:</i> American Dental Association (ADA) and AAP recommendations for pediatric preventive dental services.</p>	Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Ratio unchanged from FFY06 to FFY07.</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Increase dental screening ratio by 1 percent over FFY2007 ratio</p> <p>Annual Performance Objective for FFY 2009: Increase dental screening ratio by 1 percent over FFY2008 ratio</p> <p>Annual Performance Objective for FFY 2010: Increase dental screening ratio by 1 percent over FFY2009 ratio</p> <p><i>Explain how these objectives were set:</i> CMS Reporting requirement.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

Nebraska's managed care plan, annually reports their NCQA HEDIS measures to Medicaid's Managed Care Unit. United Health Care (UHC) uses the current HEDIS Technical Specifications and sample. The method UHC uses looks at both administrative data and medical records. Measures may be under-reported as CHIP and Medicaid eligible children may use public health clinics for immunizations which would therefore not be reported in the encounter or fee-for-service data.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

NHC contracted health plans submit quarterly reports that detail information on customer complaints, quality issues, HEDIS reports, geo-mapping of access to care, quality of care, sentinel events, or other issues of concern. UHC conducts annual customer and physician surveys to monitor client and provider satisfaction. Access Medicaid, the enrollment broker, does customer satisfaction phone surveys for managed care enrollees. The surveys include access, quality and outcomes issues.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

N/A

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

N/A

Enter any Narrative text below **[7500]**.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

Outreach continues on a statewide basis at the community level through the administrative contracts with the network of Public Health Nurses (PHNs). In addition, applications are distributed through health care providers including hospitals, physician offices, clinics, day care centers, community centers and local DHHS offices. Clients can access an application on the DHHS web site. The PHNs work with school staff at kindergarten round-up and back-to-school activities to provide applications and program information.

What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice? [7500]**

Face-to-face contact with families is most effective in providing complete information about the program but is the most time consuming and costly method of outreach. Providing information through the public school districts generates the most calls and applications but many families may already be Medicaid or CHIP eligible and submit duplicate applications or call the toll-free help-line to inquire if they need to reapply.

Contracted PHNs at the community level are a valuable resource to assist in identifying potentially eligible CHIP and Medicaid eligible children and assisting families to complete an application and follow-through with required eligibility documentation (income and citizenship verification).

Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

Limited English Speaking and transient populations (children in homeless shelters) have been targeted. Measurement is difficult.

What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

N/A

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program up to and including 200% of FPL must complete question 1.

Is your state's eligibility level up to and including 200 percent of the FPL?

- ☐ Yes
- ☐ No
- ☒ N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

States with a separate child health program above 200 through 250% of FPL must complete

question 2. All other states with trigger mechanisms should also answer this question.

Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- ☐ Yes
☐ No
☒ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. **[7500]**

States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.

Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- ☐ Yes
☐ No
☒ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). **[7500]**

All States must complete the following 3 questions

Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

Families are asked to provide health insurance information on the Kids Connection application form. In addition, Nebraska conducts a data match with the major health insurance plan in the state, Blue Cross Blue Shield of Nebraska, for all children enrolled in CHIP at the time a claim is received to determine if an open health plan or insurance policy existed at the time of CHIP eligibility determination. If a match is found and the child has credible health insurance in addition to CHIP, follow-up is done at the local DHHS office by the caseworker to determine if the child has access to the health plan or if the plan is no longer in effect. If the child has access and the plan is in effect, the CHIP case is closed.

At the time of application, what percent of applicants are found to have insurance? **[7500]**

None.

Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

Unknown.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

ELIGIBILITY REDETERMINATION AND RETENTION

What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

How many notices are sent to the family prior to disenrolling the child from the program?
[500]

A minimum of two

At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**

The month before the review is due the worker sends out a computer-generated review form. A follow-up notice is sent if the form is not completed and returned.

☐ Sends targeted mailings to selected populations

Please specify population(s) (e.g., lower income eligibility groups) **[500]**

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

A preprinted redetermination form is mailed to the head of household. Nebraska's CHIP and children's medical assistance program application is a one-page (front/back) form which can be completed by the family and returned to the Central Entry Unit (CEU) post office box or the local DHHS office. Documentation which must be returned with the form is minimal.

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment
*please describe: **[500]***

☐ Other, *please explain: **[500]***

Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

Simplified Application Form: Most applications continue to be mailed to the CEU post office box complete with all the documentation necessary to process the application.

Access to the Kids Connection application on the Web: Many clients inquire about CHIP through e-mail and have internet access. Directing clients to an application through a web link via e-mail has been a benefit to clients and staff.

What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

N/A

Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- ☐ Yes
☒ No
☐ N/A

When was the monthly report or assessment last conducted? **[7500]**

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

COST SHARING

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

N/A

Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

N/A

If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

N/A

EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- ☐ Yes, please answer questions below.
☒ No, skip to Program Integrity subsection.

Children

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration

Adults

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPPA)

Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- ☐ Parents and Caretaker Relatives
☐ Childless Adults
☐ Pregnant Women

Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

What benefit package does the ESI program use? **[7500]**

Are there any minimum coverage requirements for the benefit package? **[7500]**

Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

_____	Number of childless adults ever-enrolled during the reporting period
_____	Number of adults ever-enrolled during the reporting period
_____	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)** **[7500]**

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: _____

Employer: _____

Employee: _____

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

**PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS
(I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS)**

Does your state have a written plan that has safeguards and establishes methods and procedures for:

(1) prevention

(2) investigation

(3) referral of cases of fraud and abuse?

Please explain: **[7500]**

For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

_____ Number of cases investigated
_____ Number of cases referred to appropriate law enforcement officials

Provider Billing

_____ Number of cases investigated
_____ Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

_____ Number of cases investigated
_____ Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP ☐

Medicaid and SCHIP Combined ☐

3. Does your state rely on contractors to perform the above functions?

☐ Yes, please answer question below.

☐ No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

Enter any Narrative text below. **[7500]**

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

Benefit Costs	2007	2008	2009
Insurance payments	0	0	0
Managed Care	3406900	3755233	3926374
Fee for Service	39034724	43025767	44986626
Total Benefit Costs	42441624	46781000	48913000
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	\$ 42441624	\$ 46781000	\$ 48913000

Administration Costs

Personnel	2235094	2360239	2477492
General Administration	0	0	0
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	929002	981018	1029753
Outreach/Marketing costs	0	0	0
Other (e.g., indirect costs)	76462	80744	84755
Health Services Initiatives	0	0	0
Total Administration Costs	3240558	3422001	3592000
10% Administrative Cap (net benefit costs ÷ 9)	4715736	5197889	5434778

Federal Title XXI Share	32228779	35448339	37635584
State Share	13453403	14754662	14869416

TOTAL COSTS OF APPROVED SCHIP PLAN	45682182	50203001	52505000
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☐ Tobacco settlement
- ☐ Other (specify) **[500]**

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

No. Nebraska received additional Federal funds after FFY06 and FFY07 federal funds were spent to fully fund CHIP through FFY07.

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	9279	\$ 148	9371	\$ 150	9465	\$ 152
Fee for Service	15443	\$ 156	15597	\$ 159	15753	\$ 161

Enter any Narrative text below. **[7500]**

The # of eligibles and \$PMPM reported for managed care include Nebraska's MCO and PCCM combined. \$PMPM for managed care and FFS includes total cost of care for CHIP eligible children.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
	* Upper % of FPL are defined as Up to and Including									
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. [1000]

Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

Net Benefit Costs (Total Benefit Costs - Offsetting
Beneficiary Cost Sharing Payments)

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Administration Costs

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share

State Share

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TOTAL COSTS OF DEMONSTRATION

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When was your budget last updated (please include month, day and year)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

Nebraska continues to implement goals related to Medicaid Reform. In an effort to ensure long-term savings and program stability for the Title XXI program, the legislature recognized the necessity for change. Section 68-949(2)(a) of the Nebraska Revised Statutes required DHHS to develop recommendations relating to the provision of health care and related services for Medicaid-eligible children under the State Children's Health Insurance Program as allowed under Title XIX and Title XXI of the federal Social Security Act. The study included, but was not limited to, organization and administration of the program, and the establishment of limits on the amount, scope, and duration of services offered to recipients. From the study, a recommendation report was developed for the Medicaid Reform Council, the Health and Human Services Committee of the Legislature and the Governor. The report recommends development of a Separate Child Health Insurance Program (SCHIP) with two options for cost sharing. DHHS and policy makers in Nebraska will consider the recommendations of the study and report.

Reauthorization of SCHIP by Congress has been of great interest to DHHS and policy-makers in Nebraska. The continuing resolutions to provide program funding have allowed Nebraska to continue to provide CHIP services at current levels. DHHS has been monitoring SCHIP reauthorization and the fiscal impact on Nebraska's budget and CHIP program.

During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

The uncertainty of SCHIP reauthorization and the impact federal decisions would have for Nebraska's CHIP fiscally and programmatically.

During the reporting period, what accomplishments have been achieved in your program? **[7500]**

Benefit and eligibility levels have been maintained. Completion of the Title XXI Study Recommendation Report.

As with other states, dental access is a challenge for CHIP and Medicaid eligible children and adults, but has been maintained for children with coordination from the contracted Public Health Nurses (PHNs).

What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

DHHS and policy-makers will evaluate the recommendations in the Title XXI Study Recommendation Report to determine if changes to Nebraska's CHIP will be made.

Enter any Narrative text below. **[7500]**